

SECTION 2

Vision Care Services

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1 VISION CARE SERVICES

Optometry care services covered by the Utah Medicaid Program include the examination, evaluation, diagnosis and treatment of visual deficiency; removal of a foreign body; and prescription and provision of corrective lenses by providers qualified to perform the service(s).

Optometry services are available to Categorically Needy and Medically Needy individuals. **Eyeglass services, including lenses and frames, to non-pregnant adults aged 21 and older are not covered.**

Legal Reference: 42 CFR 441.30, Optometric Services, and 42 CFR 440.120 (d)

1 - 1 Definitions and Credentials

Ophthalmologist

A person specifically trained as a physician who specializes in anatomy, physiology, pathology, disorders and treatment of the eye. Ophthalmologists must be licensed to practice medicine in the state where the services are provided.

Optician

A person specifically trained to translate optical prescriptions, prepare lenses, and fit and dispense eyeglasses. Opticians are reimbursed as 'optical suppliers' who must be licensed by the appropriate governmental authority licensing businesses in the state where the services are provided.

Optometrist

A person specifically trained and licensed, in accordance with the Utah Optometry Practice Act, to: (1) examine the eyes and its adnexa to detect and diagnose defects or abnormal conditions; (2) determine or modify the accommodative or refractive state of the human eye or its range or power of vision by administration and prescription of pharmaceutical agents or the use of diagnostic instruments; (3) prescribe, administer, or adapt ophthalmic lenses, pharmaceutical agents, or ocular exercises to diagnose and treat diseases, defects, or other abnormal condition of the human eye.

Optometrists must be licensed in the state where the services are provided. In order to provide enhanced services, as outlined in the Utah Optometry Practice Act 1991, the optometrist must also meet the specific certification requirements described in State of Utah Administrative Rule R153-16a, "Rules of the Optometrist Licensing Board."

Ophthalmic Lens

Any lens which has the spherical, cylindrical or prismatic power or value to increase visual acuity.

Eyeglasses

Means lenses, including frames, contact lenses, and other aids to vision that are prescribed by a physician skilled in diseases of the eye or by an optometrist.

Optical Supplies and Repairs

Single, bifocal, and trifocal lenses, contact lenses, cataract lenses, eyeglass frames and repair of frames prescribed by an ophthalmologist or optometrist.

1 - 2 Billing

Vision care services may be billed electronically or on paper, using the CMS-1500 claim format. Use the procedure codes listed in Chapter 7. Billing methods are covered in SECTION 1 of this manual, Chapter 11 - 9.

1 - 3 Clients Enrolled in a Managed Care Plan

A Medicaid recipient enrolled in a managed health care plan, such as a health maintenance organization (HMO), which includes vision services must receive all vision services through that plan.

A provider must be affiliated with the client's managed care plan in order to receive payment for services. Each plan may offer different benefits and restrictions than the Medicaid scope of benefits. However, the HMO plan of coverage of vision care services may NOT be more restrictive than Medicaid's coverage. A plan which includes vision services must specify which are covered, which require prior authorization, the process to request authorization and the conditions for authorization. All questions concerning services covered by or payment from a managed care plan must be directed to the appropriate plan.

Reference: SECTION 1, GENERAL INFORMATION: Chapter 4, Managed Care Plans; Chapter 5, Verifying Eligibility - how to verify a patient's Medicaid eligibility and possible enrollment in a managed care plan.

1 - 4 Fee-for-Service Clients

A **fee-for-service** client is a Medicaid client who is either (1) **not** enrolled in a managed care plan or (2) is enrolled in a managed care plan in which vision benefits are not included ('carved out'). Fee-for-service clients, with the exception of clients in the Restricted Program, may receive vision services from any vision care provider who accepts Medicaid.

Reference: SECTION 1, GENERAL INFORMATION: Chapter 3 - 2, Restricted Program; Chapter 5, Verifying Eligibility - how to verify a patient's eligibility and possible enrollment in a managed care plan.

2 COVERED SERVICES

2 - 1 Eye Examinations

Eye examination, evaluation, diagnosis and treatment of visual deficiency and abnormalities of the eye and visual system. The examination fee includes the refraction (glasses prescription). Examinations must be documented as medically necessary in the patient record.

Please note the following conditions and limits:

- A. Separate office calls are not to be billed with an eye examination. An office call is considered part of the visit for the eye examination.
- B. One routine eye examination per year may be provided to Medicaid recipients.
- C. Medically Necessary Eye Examinations

There are only two exceptions to the limit of one routine eye exam a year.

- 1. An eye examination may be done whenever there is a medical need. The Medicaid client must have symptomatic eye problems prior to the examination for which treatment is medically necessary and documented. Simply examining or screening clients to determine if they have an eye problem is not a benefit. This specifically includes nursing homes and ICF's/MR annual visual screening services.
- 2. If necessary, an eye examination may be done when glasses are lost or broken.

A non-routine examination due to medical necessity may be provided more frequently than once a year. The provider must document medical necessity for the exam in the patient's record.

2 - 2 Corrective Lenses

Corrective lenses must be based on medical need. Medical need includes a change in prescription or replacement due to normal lens wear. Covered lenses include single vision, bifocal, trifocal, with or without slab off prism, in clear glass or plastic. If the prescription of lenses changes, the same frame should be used if possible. Corrective lenses must be suitable for indoor or outdoor, day or night use.

Separate charges for fitting spectacles are not reimbursable when the provider is supplying the frame and lenses. Fitting fees are included in the reimbursement rate for the items being provided.

2 - 3 Frames

Medicaid provides one "basic" or standard, plastic or metal, frame for a recipient when medically necessary. Frames are expected to last at least two years and must be reusable. If the prescription of lenses changes, the same frame should be used if possible.

2 - 4 Medications

Medications may be prescribed to treat eye disease or injury. The optometrist must be properly certified under the Optometry Practice Act. Medications dispensed in an office are not reimbursable.

2 - 5 Repairs

Medicaid will reimburse for repair or replacement of a damaged lense or frame. However, Medicaid does not cover repairs due to patient neglect or abuse.

2 - 6 Replacement of eyeglasses

Medicaid reimburses only one pair of eye glasses in a two-year time period. Glasses cannot be replaced more frequently than once every two years unless the replacement is needed for one of the reasons listed below. The provider must document in the patient record the reason for replacing lenses. The provider does not need to obtain prior authorization to replace lenses. Eyeglasses may be replaced **ONLY** under the following circumstances.

A. Vision change

Medicaid reimburses for a new prescription only (1) for a diopter change of .75 or (2) when disease or damage to the eye makes a change medically necessary. When the lenses are replaced, the new lenses must be placed in the client's previous frames. New frames will not be provided unless medically necessary.

B. Lost or Broken Eyeglasses

1. Client engaged in a formal educational process.

Medicaid allows one replacement of lenses and frames each twelve months when the original glasses are lost or broken beyond repair and the client is engaged in a formal educational process, such as pre-school, elementary, junior high, high school, college or trade school. However, replacement of lenses and frames due to blatant abuse and neglect by the client is not covered.

2. Automobile accident

When the original glasses are lost or broken due to an automobile accident, the provider must bill the insurance company before billing Medicaid. Medicaid will reimburse for replacement lenses only if the insurance company pays less than the Medicaid reimbursement amount.

2 - 7 Frames for hearing aids

Frames which have hearing aids placed in the ear pieces may be provided by the audiologist or hearing aid provider. Lenses may only be dispensed by the vision care provider. When the lenses are replaced, the new lenses must be placed in the previous frame. A new frame is not covered unless medically necessary.

2 - 8 Low Vision Aids

Low vision aids or materials may be covered. These items require prior authorization and manual pricing. Refer to Chapter 3, PRIOR AUTHORIZATION.

2 - 9 Prostheses

Prostheses, such as artificial eyes, and associated services.

3 CONTACT LENSES

Contact lenses require written prior authorization. Refer to Chapter 3, PRIOR AUTHORIZATION.

1. Contact lenses may be covered under four circumstances:
 - A. Visual acuity cannot be corrected to 20/70 in the better eye with spectacle lenses;
 - B. The refractive error is greater than $\pm 8D$;
 - C. An unusual eye disease or disorder exists which is not correctable with eye glasses;
 - D. To correct aphakia, keratoconus, nystagmus, or severe corneal distortion.
 - E. Other special medical conditions which medically require a contact lens.
2. Fitting contact lenses includes determining correction measurements, writing the prescription, fitting and follow-up care necessary for proper wear of the contact lens. Medicaid will not reimburse any additional office visits for any of these services.
3. "Soft" contact lenses may be approved when (1) medically necessary because of a condition described in item 1 above and (2) either circumstance below:
 - A. Soft lenses are prescribed by an ophthalmologist or optometrist as a "bandage" to treat eye disease or injury;
 - B. Soft lenses are prescribed for a patient who is unable to wear hard contacts due to the shape or surface of the eye and who is unable to obtain the necessary correction with glasses.
4. Gas permeable contact lenses may be approved when a specific medical need exists which precludes the use of glasses.

4 PRIOR AUTHORIZATION

Certain services are covered only when the provider obtains prior authorization before services are rendered. These include low vision aids described in Chapter 2 - 8 and contact lenses.

Complete the Request for Prior Authorization form and include the following information when applicable:

1. Results of refraction in each eye;
2. Diagnosis;
3. Documentation when corneal distortion is the diagnosis;
4. Physician's statement when cataracts have been removed;
5. A statement concerning aphakia, keratoconus, or nystagmus.
6. Evidence of a physical problem precluding the use of hard contacts if soft or gas permeable lenses are being requested.

For audit purposes, the patient's record must include documentation as to the medical necessity of services requested. For more information about the prior authorization process, refer to SECTION 1 of this Provider Manual, Chapter 9, Prior Authorization Process.

5 NON-COVERED SERVICES

The following services are NOT covered by Medicaid.

1. Additional glasses, such as reading glasses, safety glasses, distance glasses, or a "spare," are not a Medicaid benefit.
2. Extended wear contact lenses are not a Medicaid benefit.
3. Contact lenses for moderate visual improvement and/or cosmetic purposes are not a Medicaid benefit.
4. Sunglasses, tints, or any other mechanism such as light-sensitive lenses that "darken" or photo grey lenses, are not a Medicaid benefit.
5. Oversized, exclusive, or specially designed lenses are not a Medicaid benefit.
6. Special cataract lenses are not a Medicaid benefit unless they are medically necessary. Only clinical cataract lenses are covered.
7. No-line bifocal lenses are not a Medicaid benefit.
8. Glasses that are broken or lost due to abuse and neglect of the patients are not a Medicaid benefit. (See 2-6 Replacement glasses for more information)
9. Repairs due to patient neglect or abuse are not a Medicaid benefit.
10. Medications dispensed in an office are not a Medicaid benefit.
11. Simply examining or screening clients to determine if they have an eye problem is not a Medicaid benefit.

6 PATIENT CHOICE OF NON-COVERED SERVICES AND UPGRADES

Generally, a provider may not bill a Medicaid patient, as the Medicaid payment is considered payment in full. However, when a patient requests a service not covered by Medicaid, such as more expensive frames, tinted lenses, or lenses of special design, a provider may bill the Medicaid patient **when four conditions are met**. These four conditions are outlined in SECTION 1, Chapter 6 - 9, Exceptions to Prohibition on Billing Patients, item 1, Non-Covered Services. For your convenience these four conditions are repeated below.

1. The provider has an established policy for billing all patients for services not covered by a third party. (The charge cannot be billed only to Medicaid patients.)
2. The patient is advised **prior to receiving** a non-covered service that Medicaid will not pay for the service.
3. The patient agrees to be personally responsible for the payment.
4. The agreement is made in writing between the provider and the patient which details the service and the amount to be paid by the patient.

Unless all conditions are met, the provider may not bill the patient for the non-covered service, even if the provider chooses not to bill Medicaid. Further, the patient's Medicaid Identification Card may not be held by the provider as guarantee of payment by the patient, nor may any other restrictions be placed upon the patient.

The amount paid by the patient is calculated by taking the difference between the usual and customary charge for the more expensive item and the usual and customary charge for the covered item. For example, if the usual and customary charge for the basic frame were \$35 and the patient wanted frames that were presently advertised for \$50, the patient would be responsible to pay an additional \$15. Remember, because Medicaid pays \$27.50 for the \$35 basic frame, the provider accepts this as payment in full and cannot bill the patient for the \$7.50 difference.

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7 PROCEDURE CODES

The codes which follow are reimbursable by Medicaid. When written prior authorization is required, a "W" is noted in the PA column.

Note: Separate charges for fitting spectacles are not reimbursable when the provider is supplying the frame and lenses. Fitting fees are included in the reimbursement rate for the items being provided.

Ophthalmic and Optometric Codes		PA
S0620	Routine ophthalmologic exam including refraction; new patient	
S0621	Routine ophthalmologic exam including refraction; established patient	
99201	Office or other outpatient visit for the evaluation and management of a new patient (basic).	
99202	Office or other outpatient visit for the evaluation and management of a new patient (expanded).	
99204	Office or other outpatient visit of the evaluation and management of a new patient (comprehensive)	
99211	Office or other outpatient visit for the evaluation and management of an established patient (minimal).	
99212	Office or other outpatient visit for the evaluation and management of an established patient (basic).	
99213	Office or other outpatient visit for the evaluation and management of an established patient (detailed).	
92002	Medical examination and evaluation with initiation of diagnostic and treatment program; new patient, intermediate service.	
92004	New patient, comprehensive service, one or more visits.	
92012	Established patient, medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate service.	
92014	Established patient, comprehensive, one or more visits.	
92020	Gonioscopy with medical diagnostic evaluation.	
92100	Serial Tonometry with medical diagnostic evaluation, one or more sessions, same day.	
92081	Visual field examination with medical diagnostic evaluation, limited examination; i.e., tangent screen, autoplots, arc perimeter or single-stimulus level automated test, such as Octopus 3 or 7 equivalent.	
92082	Intermediate visual field examination with medical diagnostic evaluation, limited examination;(at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, octopus program 33)	
92283	Color vision examination, extended, e.g., anomaloscope or equivalent	
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation, corneal lens, both eyes, except for aphakia.	
65205	Removal of foreign body, external eye;	
65210	Removal of foreign body, external eye; conjunctival embedded (includes cretions), subconjunctival or scleral nonperforating.	
65220	Removal of foreign body, external eye; corneal, without slit lamp.	
65222	Removal of foreign body, corneal, with slit lamp	
67938	Removal of embedded foreign body; eyelid	
65205	Removal foreign body external eye	
65210	Removal foreign body embedded conjunctiva	
65220	Remove foreign body, surface cornea w/slip lamp	
65222	Remove foreign body, surface cornea slip lamp	
67820	Correction of trichiasis; epilation, forceps only	

Ophthalmic and Optometric Codes		PA
67850	Destruction lesion led margin, up to 1 cm	P
67938	Removal of embedded foreign body, eyelid	
68020	Incision of conjunctive, drainage of cyst	
68761	Closure of the lacrimal punctum; by plug, each	
68801	Dilation of lacrimal punctum, w, w/o irrigation	
68840	Probing of canaliculi w/wo irrigation	
92060	Sensorimotor exam, multi measurement ocular deviation, inter/rprt	
92070	Fitting contact lens, treat disease, including lense	
92120	Tonography, interp, report, record tonometer	
92135	Scan computer ophthalmic diag image w inter/report	
92136	Ophthalmic biometry part coherence interferometry	
92225	Ophthalmoscopy, ext retin draw, interp, report, initial	
92226	Ophthalmoscopy ext as for retinal detach, subsequent	
92250	Fundus photograph with interpretation and report	
92285	External ocular photography w interp, report, progress	
92310	Prescription of optical, fitting contact lense, except aphakia	
92312	Prescript/fit contact lense med super/aphakia bot	
92325	Modification of contact lense(separate procedure)	
92330	Prescription, fitting, supply of ocular prosthesis	
92390	Supply of spectacles exc prosthesis/low vision aid	
92391	Supply of contact lenses, exc prosth for aphakia	
95930	Visual evoked potential test, checkerboard/flash	
99205	Office/outpatient visit new	
99214	Office /patient visit established	
99215	Office/outpatient visit established	
99241	Office consultation new/est	
99242	Office consultation new/est	
99243	Office consultation new/est	
99244	Office consultation new/est	
99245	Office consultation on new/est	

Single Vision Lenses, Glass or Plastic		PA
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens.	
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00D, per lens.	
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00D, per lens.	
V2103	Spherocylinder, single vision, plano to plus or minus 4.00D sphere, .12 to 2.00D cylinder, per lens.	
V2104	Spherocylinder, single vision, plano to plus or minus 4.00D sphere, 2.12 to 4.00D cylinder, per lens.	
V2105	Spherocylinder, single vision, plano to plus or minus 4.00D sphere, 4.25 to 6.00D cylinder, per lens.	
V2106	Spherocylinder, single vision, plano to plus or minus 4.00D sphere, over 6.00D cylinder, per lens.	
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00D cylinder, per lens.	
V2108	Spherocylinder, single vision, plus or minus 4.25D to plus or minus 7.00D sphere, 2.12 to 4.00D cylinder, per lens.	
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00D sphere, 4.25 to 6.00D cylinder, per lens.	
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00D sphere, over 6.00D cylinder, per lens.	
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00D sphere, .25 to 2.25D cylinder, per lens.	
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00D sphere, 2.25 to 4.00D cylinder, per lens.	
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00D sphere, 4.25 to 6.00D cylinder, per lens.	
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00D, per lens.	
V2121	Lenticular lens, per lens, single	

Bifocal, Glass or Plastic		PA
Up to and including 28MM seg width. Add power up to and including 3.25D.		
V2200	Sphere, bifocal, plano to plus or minus 4.00, per lens.	
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00D, per lens.	
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00D, per lens.	
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, .12 to 2.00D cylinder, per lens.	
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, 2.12 to 4.00D cylinder, per lens.	
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, 4.25 to 6.00D cylinder, per lens.	
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, over 6.00D cylinder, per lens.	
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00D cylinder, per lens.	
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 2.12 to 4.00D cylinder, per lens.	
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 4.25 to 6.00D cylinder, per lens.	
V2210	Spherocylinder, bifocal, plus or minus 4.25 to 7.00D sphere, over 6.00D cylinder, per lens.	
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00D sphere, .25 to 2.25D cylinder, per lens.	
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00D sphere, 2.25 to 4.00D cylinder, per lens.	
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00D sphere, 4.25 to 6.00D cylinder, per lens.	
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00D, per lens.	
V2221	Lenticular lens, per lense bifocal	
V2299	Specialty bifocal (by report, manual pricing).	

Trifocal Vision Lens, Glass or Plastic Up to and including 28MM seg width. Add power up to and including 3.25D.		PA
V2300	Sphere, trifocal, plano to plus or minus 4.00, per lens.	
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00D, per lens.	
V2302	Sphere, trifocal, plus or minus 7.12to plus or minus 20.00D, per lens.	
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, .12 to 2.00D cylinder, per lens.	
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, 2.25 to 4.00D cylinder, per lens.	
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, 4.25 to 6.00D cylinder, per lens.	
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, over 6.00D cylinder, per lens.	
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00D cylinder, per lens.	
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 2.12 to 4.00D cylinder, per lens.	
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 4.25 to 6.00D cylinder, per lens.	
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, over 6.00D cylinder, per lens.	
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00D sphere, .25 to 2.25D cylinder, per lens.	
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00D sphere, 2.25 to 4.00D cylinder, per lens.	
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00D sphere, 4.25 to 6.00D cylinder, per lens.	
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00D, per lens.	

Contact Lenses		PA
V2502	Contact lens, PMMA, bifocal, per lens.	W
V2510	Contact lens, gas permeable, spherical, per lens.	W
V2512	Contact lens, gas permeable, bifocal, per lens.	W
V2513	Contact lens, gas permeable, extended	W
V2520	Contact lens, hydrophilic, spherical, per lens	W
V2522	Contact lens, hydrophilic, bifocal, per lens.	W
V2599	Contact lens, other type (Manual pricing, include invoice or statement with cost for lens)	W

Balance Lenses		PA
V2700	Balance lens, per lens.	
V2710	Slab off prism, glass or plastic, per lens.	
V2715	Prism, per lens.	

Frames		PA
V2020	Frames, purchase.	

Tint		PA
V2755	U-V Lens, per lens	W
V2799	Vision Service, Misc (also use for frame repair)	W

Prostheses		PA
V2623	Prosthetic, eye, plastic, custom.	
V2624	Polishing/resurfacing of ocular prosthesis	
V2625	Enlargement of ocular prosthesis	

Low Vision Aid		PA
V2600	Hand-held low vision aids and other non-spectacle mounted aids.	W

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